






**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000055405			
1. Entity Name C.A. BRYAN & ASSOCIATES, INC.			
Principal Place of Business 377 ROBIN HOOD CIR #101 NAPLES, FL 34104		Mailing Address 377 ROBIN HOOD CIR #101 NAPLES, FL 34104	
DO NOT WRITE IN THIS SPACE			
		 05022006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 57-1167653	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYAN, CASEY A 377 ROBIN HOOD CIR #101 NAPLES, FL 34104		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>		U000000562775 05/19/06-80067-016 150.00 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYAN, CASEY A 377 ROBIN HOOD CIR #101 NAPLES, FL 34104		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date  05/19/06 Daytime Phone #  232 472 4726	